REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 7/26/05 2 Serial/Patent # 10/52/898				
3 Please refund the following fee(s):	4 PAPER NUMBE	5 DATE	6 AMOUNT	
✓ Filing		01-14-05	\$ 100.00	
Amendment			\$	
Extension of Time			\$	
Notice of Appeal/Appeal			\$	
Petition			\$	
Issue			\$	
Cert of Correction/Terminal Disc	•		\$	
Maintenance			\$	
Assignment			\$	
Other			\$	
		7 TOTAL AMOUNT OF REFUND \$100.00		
	8 TO BE	REFUNDED B	BY:	
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment	9	9		
No Fee Due (Explanation):				
Credit Gard Lefund				
Lee Code Carrection				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: BARBACA CAMPBEIL TITLE:				
SIGNATURE: BAC PHONE: 763 308-9140				
office: <u>PCT/DO/EO</u>				
THIS SPACE RESERVED FOR FINANCE USE ONLY: Refund Ref: 67/27/2805 0638023822			0038023822	
APPROVED:	_ DATE:	edit Card Refund Tot		

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B